PAGE 1 / 8 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mississippi Democratic Party PO Box 1583 ADDRESS (number and street) (Check if address is changed) Jackson 39215 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@mississippidemocrats.org (Check if address is changed) Optional Second E-Mail Address contact@rogerthatcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.mississippidemocrats.org (Check if address is changed) DATE 2021 C00149641 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Summers, Zakiya, , Rep., Type or Print Name of Treasurer Summers, Zakiya, , Rep., [Electronically Filed] 06 10 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ŗ	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	raye Z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name Cand	e of lidate		
	lidate Affiliatio	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)	×	CTA	emocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
•			abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 0)	2/2009)	Page <b>3</b>
Write or Type Committee Name		
Mississippi Dem	ocratic Party	
• •	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Dollars for Democrats		
Dollars for Defficients	<u>                                      </u>	
Mailing Address	430 S Capitol St SE	
	Suite 300	
	Washington DC 20003	
	CITY STATE	ZIP CODE
Polotionship: Comment of	Organization	eadership PAC Sponso
Relationship: Connected	Organization Affiliated Committee	eadership PAC Sponso
books and records.  Summers, 2  Full Name  Mailing Address	Zakiya, , Rep.,	
	Jackson MS 39213	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the n	ame and address of
Full Name Summers, Z	Zakiya, , Rep.,	
Mailing Address	PO Box 1583	
	<u> </u>	
	Jackson MS 39213	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form 1 (	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number =	
Name of Bank, Depos	sitory, etc.	as accounts, rems
Name of Bank, Depos	or maintains funds. sitory, etc.  OPE Credit Union  1748 University Blvd	is accounts, tents
Name of Bank, Depos	or maintains funds. sitory, etc.  Ope Credit Union	
Name of Bank, Depos	or maintains funds. sitory, etc.  OPE Credit Union  1748 University Blvd	ZIP CODE
Name of Bank, Depos	or maintains funds. sitory, etc.  OPE Credit Union  1748 University Blvd  Jackson  MS 39204  CITY STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  OPE Credit Union  1748 University Blvd  Jackson  MS 39204  CITY STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  Ope Credit Union  1748 University Blvd  Jackson  CITY  STATE  sitory, etc.  Cells Fargo Bank	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 an

h). <b>Joint Fundraisi</b> r	1	FFC ID	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
State Party Victor	y Fund		
Mailing Address	430 S Capitol St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second and the se	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second and the se	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions. Hope epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Federal Credit Union	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions. Hope epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Federal Credit Union	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Democratic Grass	roots Victory Fund		1 1 1 1 1 1 1 1 1
Mailing Address	430 S Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name		STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE   Gelephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail ame of Bank, Amalga	CITY A  ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mailing ame of Bank, Amalga	CITY   CITY   Tries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  afety deposit boxes or mail  Jame of Bank, Amalgane	CITY   CITY   ries: List all banks or other depositories in which aintains funds.  amated Bank	elephone Number	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository, etc.  Mailing Address	ntains funds.		the committee deposit	s funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or mai	ntains funds.  ark			s funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or main	ntains funds.			s funds, holds accounts, rents
TITLE OR POSITION		<u> </u>	elephone Number	
TITLE OR POSITION		_	olonhono Numbor	
	<b>▼</b>	1	1	-   -
		CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (p	hone number – optional)		
Connected	Organization Aff	filiated Committee	t Fundraising Represent	Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	WASHINGTON		, DC	20003
Mailing Address	430 SOUTH CAPIT	OL STREET SE		
DIDEN VICTORY				
Name of Any Connected (	=	ed Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
4			FEC ID number	C
3.			FEC ID number	C
			FEC ID number	С
2.			FEC ID number	C

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		1	FEC ID number	С
			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected C	rganization, Affilia	ited Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Full Name		(phone number – optional)		
Mailing Address				
TITLE OR POSITION \	7	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION T	<b> </b>	1	STATE ▲ Telephone Number	ZIP CODE A
anks or Other Depositorie afety deposit boxes or main	es: List all banks ontains funds.		Telephone Number	ZIP CODE A  s funds, holds accounts, ren
anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	es: List all banks ontains funds.		Telephone Number	
anks or Other Depositorical deposit boxes or main ame of Bank, epository, etc.	es: List all banks on tains funds.		Telephone Number	